PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

				1/1)-2/3-2885			
				TION FEE (if requirements of the contract of t	uired). I will be s; and/o	Blocks I through 5 s mailed to the current r (b) indicating a sep	should be completed whe correspondence address arate "FEE ADDRESS" for
CURRENT CORRESPONDE	Pe pa	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
23505	7590 01/1	1/2008	ik			•	
CONLEY ROSE, P.C. David A. Rose P.O. BOX 3267 HOUSTON, TX 77253-3267				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Ston ISSUB FEE address above, or being facesimil transmitted to the USPTO (571) 273-2858, on the date indicated befow.			
HOUSTON, IX	//253-326/		Г				(Depositor's name
			i i			***************************************	(Signature
			-				(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTO				
10/767,410 01/29/2004			Timothy John Millet			1	
TITLE OF INVENTION: NETWORK		IEADER FOR MULTIF		T COUNT SWITC	H SUPP	2120-02700 PORT IN A FIBRE CI	2867 HANNEL
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FRE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	04/11/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
MARCELO, MELVIN C		2616	370-392000	•			
 Change of corresponden CFR 1.363). 	ce address or indication	of "Fee Address" (37	2. For printing on the	patent front page, lis	st		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.			(2) the name of a sing registered attorney or 2 registered patent att	name of a single firm (having as a member a d attorney or agent) and the names of up to zed patent attorneys or agents. If no name is o name will be printed.			
3. ASSIGNEE NAME AND	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unles recordation as set forth i	s an assignee is identi n 37 CFR 3.11. Comn	fied below, no assignee	data will appear on the p	atent. If an assign	ec is ide	entified below, the do	cument has been filed for
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as est forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (a) NAME OF ASSIGNEE (b) RESIDENCE, CITY and STATE OR COUNTRY)							
Brodcade Communications Systems, Inc. San Jose, CA							
Please check the appropriat	e assignee category or	categories (will not be pr	inted on the patent):	Individual kCo	rporatio	n or other private gro	up entity Government
4a. The following fec(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)							
X≥ Issue Fee							
Advance Order - # o		☐ Payment by credit card, Form PTO-2038 is attached. 23 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03.2.769 (enclose an extra copy of this form).					
			overpayment, to Depo	sit Account Numbe	0327	69 (enclose an	extra copy of this form).
5. Change in Entity Status							0
A. Applicant claims S			b. Applicant is no lon	ger claiming SMAL	L ENTI	TY status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee and I interest as shown by the rec	ords of the United State	es Patent and Trademark	Office.	ne applicant; a regis	itered at	torney or agent; or the	assignee or other party in
Authorized Signature	Lah		Date Jar	nuary	16,=2008		
Typed or printed nameTim_D. Chheda			Registration No. 60,752				
This collection of information application. Confidential submitting the completed at this form and/or suggestion: Box 1450, Alexandria, Virginia 22313	on is required by 37 CF ity is governed by 35 U pplication form to the s for reducing this burd inia 22313-1450. DO 1450.	R 1.311. The information J.S.C. 122 and 37 CFR 1 USPTO. Time will vary len, should be sent to the NOT SEND FEES OR C	n is required to obtain or r 1.14, This collection is est depending upon the indiv Chief Information Office OMPLETED FORMS TO	etain a benefit by the imated to take 12 m idual case. Any cor r, U.S. Patent and 7) THIS ADDRESS.	e publication publ	which is to file (and o complete, including on the amount of time rk Office, U.S. Depar TO: Commissioner for	by the USPTO to process) gathering, preparing, and you require to complete timent of Commerce, P.O. or Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.